



FAIRFAX COUNTY

SACC

DEPARTMENT OF FAMILY SERVICES
Office for Children
Child Care Assistance and Referral - SACC
12011 Government Center Pkwy. – Suite 930
Fairfax, VA 22035 703-449-8989
TDD 703-324-3923 FAX 703-324-3007

EMPLOYMENT VERIFICATION

Fairfax County provides child care assistance to low and moderate-income families. To be eligible for this program, working parents must document hours of work and income. Please complete all information requested below.

Section I: Employee to complete

Employee's Name: _____ SACC Account # _____

Employee's Address: _____
(street) (city) (zip)

Employee's Home Telephone: _____ Cell # _____

I authorize my employer to release information regarding my employment, salary and schedule.

Employee's Signature

Date

Section II: Manager/Supervisor Employer to complete:

1. _____ works for me _____ hours per week at an hourly rate of _____.

2. This employee is paid: _____ weekly _____ biweekly (26 times/year)
_____ monthly _____ semi-monthly (24 times/year)

3. The employee ☐ **does** ☐ **does not** receive paystubs (check one). If the employee does receive paystubs, according to company policy, the next one will be issued: _____

4. Does this employee's work schedule vary from week to week? ☐ Yes ☐ No

5. Complete employee's schedule:

Employee's Start Date: _____

Manager/Supervisor's Name (please print) _____

Manager/Supervisor's Signature: _____

Company or Organization: _____

Address: _____

Employer's Telephone: _____

Date: _____

Date	Hours Scheduled	
Mon	from:	to:
Tues	from:	to:
Wed	from:	to:
Thur	from:	to:
Fri	from:	to:
Sat	from:	to:
Sun	from:	to: